

CARES COMMISSION

POST HEARING SUMMARY

VISN 16 Biloxi Hearing
August 26, 2003

- I. Commissioners in Attendance:
- a. Charles Battaglia, Hearing Chairman
 - b. Joseph Binard, MD
 - c. Chad Colley
 - d. Layton McCurdy, MD
 - e. Al Zamberlan

- II. Market Areas Addressed in Hearing
- a. Central Southern (MS, LA)
 - b. Eastern Southern (FL, AL)

III. Market Area Summary

Market Area (Facility)	Planning Initiative (met criteria)	Market Plan Recommendation	DNCP Recommendation
CS/ES	Inpatient Care - Medicine	CS – Increase number of beds by reopening existing wards to meet 2022 demand. Increase contracting w/ community. ES - Increase sharing agreement w/ DoD – Pensacola and establish agreement w/ Eglin. Contract for 10 beds in Panama City, FL. Possibly build a 100-bed hospital in Pensacola to service Eastern and Southern markets.	Biloxi will undergo renovation to increase beds. ES will provide care through joint venture, sharing, and community contracts
CS/ES	Outpatient Care - Primary - Specialty	ES – Joint VA/DoD ambulatory care center in Pensacola FL. New CBOC in Okaloosa County FL in collaboration w/ Eglin AFB. Provide additional specialists at Pensacola CBOC in collaboration w/ DoD CS – Open 8 CBOCs. Expand specialty care at expanded CBOCs – to accept referrals from primary care CBOCs. Increase community contracts.	11 CBOCs in ES/CL markets. CBOCs for CS market are not in high priority category. Joint venture and contracts in ES market.
CS	Inpatient Psychiatry (did not meet standard for this market)	Expand beds at Biloxi to serve as a resource for New Orleans, Jackson and parts of Alabama and Florida	Renovation and new construction in Biloxi to accommodate Gulf Port workload.

CS/ES	Access - Primary Care	ES – Joint VA/DoD ambulatory care center in Pensacola FL. New CBOC in Okaloosa County FL in collaboration w/ Eglin AFB CS – Open 8 CBOCs	11 CBOCs in ES/CL markets. CBOCs for CS market are not in high priority category.
ES	Access - Hospital Care	4% access in ES. Increase sharing agreement w/ DoD – Pensacola and establish agreement w/ Eglin. Contract for 10 beds in Panama City, FL. Possibly build a 100 bed hospital in Pensacola to service Eastern and Southern markets.	Biloxi will undergo renovation to increase beds. ES will provide care through joint venture, sharing, and community contracts

IV. Brief Description of Hearing Testimony

Panel 1 – Network Leadership – Dr. Robert Lynch

Dr. Lynch outlined the DNP for VISN 16 Central Southern and Eastern Southern Markets, including areas in Mississippi, Louisiana, Florida, and Alabama. According to the CARES model, these market areas will see an increase in enrollment over the next 20 years, with peak enrollment in 2012. Patients generally travel long distances to receive care in these large and geographically diverse markets and there is an absence of inpatient capacity, particularly in the Florida panhandle area.

Important components of the DNP for these markets include DoD/VA sharing for hospital and outpatient care at Biloxi with Keesler AFB; and in the Florida panhandle with Eglin AFB and Pensacola Naval Base. Additionally, the DNP includes the transfer of workload from Gulfport campus to the nearby Biloxi facility.

In the question and answer session, Dr. Lynch noted that he agrees with the DNP for his network overall, but has some concerns about the CBOC priorities and feels that some markets in the network are in greater need of CBOCs than some included in first priority group.

Dr. Lynch also discussed the consolidation of the Gulfport and Biloxi facilities and the need for capital improvements at Biloxi to accommodate the additional workload. He also noted the importance of consolidation to ensure a single standard of patient care within this market. He outlined the savings achieved by consolidating these facilities would result in a near term (7 year) pay back for the necessary capital investment. He also mentioned that consolidation would not have an adverse impact on employees. Dr. Lynch discussed working with Keesler AFB as a potential solution to accommodating the increased inpatient workload at Biloxi and mentioned that active discussions are underway with local DoD leadership on this issue. Additionally, Dr. Lynch briefly described plans for an enhanced use project at the Gulfport site.

In reference to the proposed SCI unit at the North Little Rock campus, Commissioners asked why New Orleans was not selected for this unit. Dr. Lynch

responded that New Orleans generally met the requirements for such a unit; however, the campus did not have available land for new construction.

When asked about inpatient care in the Eastern Southern market, which does not currently have an inpatient facility, Dr. Lynch outlined plans to develop a sharing agreement with the DoD at the Pensacola naval base to accommodate inpatient workload. When asked to describe any potential obstacles to working with the DoD, Dr. Lynch outlined the importance of local support for these initiatives, and to ensure equal sharing of resources.

a. Panel 2 – Elected Officials

Representative for Congressman Gene Taylor
Representative for Congressman Jeff Miller
Representative for Congressman David Vidder
Representative for Senator Bill Nelson

Elected officials expressed some concern about the consolidation of Gulfport and Biloxi, discussed the absence of inpatient facilities in the Florida panhandle and the need for additional outpatient care on the North Shore in Louisiana.

b. Panel 3 – Veteran Service Organizations

Timothy Hicks, Paralyzed Veterans of America
Dennis Moody, Disabled American Veterans
Rocky McPherson, Executive Director, Department of Veterans Affairs, Florida
Adrian Grice, Veterans of Foreign Wars, Deputy Director, MS State Veterans Affairs

The PVA expressed concern about proposed location of the SCI unit at the Little Rock campus and the absence of necessary tertiary care services at this location. PVA feels that a more southern location, such as New Orleans would be a better choice for unit.

Other VSOs discussed the proposed collaboration with Keesler AFB for inpatient care, and expressed concern about relying on DoD to serve healthcare needs of veterans. Dr. McPherson underscored the importance of implementing standardization for all DoD/VA sharing activities.

c. Panel 4 – Collaboration

Brig General David Young, Hospital Commander, Keesler AFB
Capt Richard Buck, Commanding Officer, Pensacola Naval Hospital

DoD representatives expressed general support for collaborative activities with VA. Gen Young noted the need for a centralized DoD/VA “sharing office” to coordinate all sharing activities between the two agencies. Gen Young also noted that the current Air Force Surgeon General was support of collaboration and encouraged continued discussions on the Biloxi/Keesler initiative. Gen. Young outlined that proposed sharing at the Keesler Medical Center would require new construction to accommodate additional workload.

V. Commissioner Views

Market Area (Facility)	Planning Initiative (met criteria)	DNCP Recommendation	Commissioner Views
CS/ES	Inpatient Care - Medicine	Biloxi will undergo renovation to increase beds. ES will provide care through joint venture, sharing, and community contracts	Commissioners believe that additional study needs to be undertaken to assess the cost/benefit of the options available at Biloxi including partnership with Keesler AFB. In the ES market, Commissioners agree that further developing relationships w/ the DoD at Pensacola and Eglin will provide a solid solution for inpatient in this underserved region.
CS/ES	Outpatient Care - Primary - Specialty	11 CBOCs in ES/CL markets. CBOCs for CS market are not in high priority category. Joint venture and contracts in ES market.	Commissioners agree that the CBOCs in the ES/CL region are necessary and agree that sharing agreements in ES market are essential to ensuring care for the veteran population in this market.
CS	Inpatient Psychiatry (did not meet standard for this market)	Renovation and new construction in Biloxi to accommodate Gulf Port workload.	Commissioners believe that additional study needs to be undertaken to assess the cost/benefit of the options available at Biloxi. However, they agree that inpatient psychiatry should be housed at the Biloxi facility.
CS/ES	Access - Primary Care	11 CBOCs in ES/CL markets. CBOCs for CS market are not in high priority category.	Same as Outpatient Care
ES	Access - Hospital Care	Biloxi will undergo renovation to increase beds. ES will provide care through joint venture, sharing, and community contracts	Same as Inpatient Care

VI. Other Comments

Commissioners agree that a centralized DoD/VA sharing oversight board would be effective in facilitating joint initiatives.

VII. Follow-up questions for VHA/VISN

N/A